

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014621
STATE FILE NUMBER
2 4036

FILED MAY 11 1959		Registration District No. _____		Primary Registration District No. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo.</u>				c. CITY OR TOWN <u>ST. LOUIS</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUTHERAN Hosp.</u>				d. STREET ADDRESS (If outside, give location) <u>2722 TEXAS</u>			
3. NAME OF DECEASED (Type or print) <u>GEORGE J. AMELN</u>				4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1959</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>DEC. 10 1896</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BEER BOTTLER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FALSTAFF</u>		11. BIRTHPLACE (City and state or country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE AMELN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SCHANGEN</u>		14. NAME OF HUSBAND OR WIFE <u>VIOLA AMELN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes and/or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>VIOLA AMELN</u> Address <u>2722 TEXAS</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>General Thrombosis</u> DUE TO (b) <u>Arterio Sclerosis Myocarditis</u> DUE TO (c) <u>Generalized Arterio Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u> <u>3 yrs</u> <u>3 yrs</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____						20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>1954</u> to <u>Apr 23 29</u> and last saw him alive on <u>4/22/59</u> . Death occurred on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				22. SIGNATURE <u>Thomas Lutes</u> (Degree or title) _____			
22b. ADDRESS <u>5203 Chippewa</u>				22c. DATE SIGNED <u>7/24/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>APR 25 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S.S. Peter + Paul</u>		23d. LOCATION (City, town, or country) <u>ST. LOUIS Mo</u>	
24. FUNERAL DIRECTOR <u>Thomas Lutes 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>APR 24 '59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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2-5 P.M. Fri.
5203 Chippewa
Nov 1-8008

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Davis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.